



City of Joliet

Bob O'Dekirk, Liquor Commissioner

James O'Connell, Deputy Liquor Commissioner

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PHONE: 815-724-3710 FAX: 815-724-3715

BACKGROUND CHECK FOR LIQUOR/TOBACCO LICENSE

**** There is a non-refundable \$75.00 fee. Please make checks payable to the City of Joliet ****

Applicant Information

I am applying for a: ☐ Liquor License ☐ Manager ☐ Tobacco License

First Name: _____ M.I. _____ Last: _____ Maiden _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____ Email: _____

Date of Birth: _____ City of Birth: _____ State: _____

Social Security Number: _____ Drivers License Number: _____

U.S. Citizen: ☐ Yes ☐ No If no, Country or Citizenship: _____

Alien Registration Number: _____

How long at current address: _____ Years _____ Months

Previous Address: _____

How long at previous address: _____ Years _____ Months

Background Information

Have you ever been arrested? ☐ Yes ☐ No Any convictions? ☐ Yes ☐ No

If yes, list convictions: _____

List City/State: _____

Date(s): _____

Have you ever been denied a Liquor or Tobacco License? ☐ Yes ☐ No

If yes, ☐ Liquor License ☐ Tobacco License Jurisdiction(s): _____

Business Information

☐ Corporation ☐ LLC ☐ Sole Proprietorship ☐ Partnership

Name of Organization: _____

d/b/a: _____ Address: _____

City: _____ State: _____ Zip: _____

Business Phone: _____ Cell Phone: _____

Please call 815-724-3704 to schedule an appointment to be fingerprinted.

I affirm the information provided on this application is true and accurate. I fully authorize the Joliet Police Department to conduct a criminal background check.

Print Name: _____ Signature: _____ Date: _____